

Core and Optional Questionnaire(Combined Standard and Optional Modules)

Expanded BRFSS, 2003

New York State Department of Health

Expanded BRFSS Questionnaire, 2003
New York State Department of Health

Core 1: Health Status / Healthy Days.....	7
Core 2: Health Care Access.....	8
Core 3: Exercise.....	10
Core 4: Diabetes.....	10
Core 5: Asthma.....	10
Core 6: Arthritis.....	11
Core 7: Tobacco Use.....	12
Core 8: Tobacco ETS.....	12
Core 9: Alcohol Consumption.....	13
Core 10: Demographics including weight status.....	14
Core 11: Mammography.....	19
Core 12: Sexual Behavior.....	20
Core 13: Family Planning.....	21
Core 14: Cardiovascular Disease.....	23
Core 15: Prostate Cancer Screening.....	24
Core 16: Colorectal Cancer Screening.....	25
Module 1: Adult Asthma History.....	27
Module 2: Childhood Asthma.....	29
Module 3: Cardiovascular Disease.....	30
Module 4: Cholesterol Awareness.....	33
Module 5: Diabetes.....	34
Module 6: Disability.....	35
Module 7: Quality of Life.....	36
Module 8: Firearms.....	38
Module 9: Fruits and Vegetables.....	39
Module 10: Health Care Coverage.....	41
Module 11: HIV/AIDS.....	42
Module 12: Hypertension Awareness.....	46
Module 13: Injury Control - Falls.....	46
Module 14: Immunization.....	47
Module 15: Oral Health.....	47
Module 16: Physical Activity.....	48
Module 17: Skin Cancer.....	51
Module 18: Social Context.....	51
Module 19: Tobacco Consumption.....	53
Module 20: Tobacco - Media.....	53
Module 21: Tobacco – other products.....	55
Module 22: Tobacco – Work site ETS.....	57
Module 23: Seat Belts.....	58
Module 24: Weight Control.....	58
Module 25: Cervical Cancer.....	59

INTROQ

HELLO, I'm calling for the New York State Department of Health. My name is _____. We're gathering information on the health practices of New York State residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this _____ ?

1. Correct Number (Proceed to next question)
2. Number is not the same - **SKIP TO WrongNum**

Is this a private residence?

1. YES, CONTINUE - **SKIP TO ADULTS**
2. NO, NON-RESIDENTIAL

NonRes - **ONLY GET THIS IF PRIVRES = 2 (NON-RESIDENTIAL)**

Thank you very much, but we are only interviewing private residences.

*****<F3>*****

WrongNum - **ONLY GET THIS IF INTROQ = 2 (NUMBER IS NOT THE SAME)**

Thank you very much, but it I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

****<F3>****

Adults

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

__ _ ENTER THE NUMBER OF ADULTS

IF ANS = 1 SKIP TO ONEADULT

Men

How many of these adults are men?

- 0. None
- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Nine

IF ANS = ADULTS SKIP TO SELECTED

Women

How many of these adults are women?

- 0. None
- 1. One
- 2. Two
- 3. Three
- 4. Four
- 5. Five
- 6. Six
- 7. Seven
- 8. Eight
- 9. Nine

IF ANS + MEN = ADULTS SKIP TO SELECTED

WrongTot - **ONLY GET IF MEN + WOMEN <> ADULTS**

I'm sorry, something is not right.

Number of Men -

Number of Women -

Number of Adults -

- 1. CORRECT THE NUMBER OF MEN
- 2. CORRECT THE NUMBER OF WOMEN
- 3. CORRECT THE NUMBER OF ADULTS

Selected - **ONLY GET IF MORE THAN ONE ADULT IN HOUSEHOLD**

The person in your household I need to speak with is the _____ .

Are you the _____ ?

1. YES - SKIP TO YOURTHE1
2. NO - SKIP TO GETNEWAD

OneAdult - **ONLY GET THIS IF ONE ADULT IN HOUSEHOLD**

Are you the adult?

1. YES AND THE RESPONDENT IS A MALE - SKIP TO YOURTHE1
2. YES AND THE RESPONDENT IS A FEMALE - SKIP TO YOURTHE1
3. NO - SKIP TO ASKGENDR

AskGendr - **ONLY GET IF ONEADULT = 2**

Is the Adult a man or a woman?

1. Male
2. Female

Get Adult - **ONLY GET IF ONEADULT = 3**

May I speak with him or her?

1. YES, ADULT COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 AND SCHEDULE A CALL-BACK

*****DO NOT USE <F3> ON THIS SCREEN*****

-

YOURTHE1 - ONLY GET IF ONEADULT = 1 (YES) OR IF SELECTED = 1 (YES)

Then you are the person I need to speak with.

1. PERSON INTERESTED, CONTINUE - **SKIP TO IntroScr**
2. GO BACK TO ADULTS QUESTION. WARNING:A NEW RESPONDENT MAY BE SELECTED

GETNEWAD - ONLY GET IF SELECTED = 3 (NO)

May I speak with the _____ ?

1. YES, SELECTED RESPONDENT COMING TO THE PHONE
2. NO, GO TO NEXT SCREEN, PRESS F3 AND SCHEDULE A CALL-BACK
3. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED

*****DO NOT USE <F3> ON THIS SCREEN*****

NEWADULT - ONLY GET IF GETNEWAD = 1 OR 2

HELLO, I'm calling for the New York State Department of Health. My name is _____. We're gathering information on the health practices of New York State residents. Your phone number has been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

1. PERSON INTERESTED, CONTINUE - **SKIP TO C01Q01**
2. GO BACK TO ADULTS QUESTIONS. WARNING:A NEW RESPONDENT MAY BE SELECTED

IntroScr - ONLY GET IF NEWADULT < 1

I won't ask for your name, address, or other personal information that can identify you. There is a minimal risk because questions might make you feel uncomfortable. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes only a short time and any information you give to me will be confidential. If you have any questions about this survey, I will provide a toll-free telephone number for you to call to get more information.

1. Person interested, continue
2. Go Back to Adults Question. Warning: A New Respondent may be selected

NONQAL - ONLY GET IF CATI THINKS THE QUOTACELL IS FULL

INTERVIEWER:PLEASE ALERT YOUR SUPERVISOR IMMEDIATELY!!!!
THE QUOTAS SET FOR THIS STUDY ARE INCORRECT.

AFTER NOTIFYING YOUR SUPERVISOR, RETURN THE RECORD

ASKCNTY - **EVERYBODY (Recodes into C10Q12)**

What county do you live in?

__ __ __ FIPS county code

777. DON'T KNOW/NOT SURE

999. REFUSED

Core 1: Health Status / Healthy Days

C01Q01 - **EVERYBODY**

Would you say that in general your health is excellent, very good, good, fair, or poor?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

7. DON'T KNOW/NOT SURE

9. REFUSED

C01Q02 - **EVERYBODY**

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

_____ Number of days

7 7 DON'T KNOW/NOT SURE

8 8 NONE

9 9 REFUSED

C01Q03 - **EVERYBODY**

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

_____ Number of days

- 7 7 DON'T KNOW/NOT SURE
- 8 8 NONE
- 9 9 REFUSED

C01Q04 - **ONLY GET IF C01Q02 <> 88 or C01Q03 <> 88**

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

_____ Number of days

- 7 7 DON'T KNOW/NOT SURE
- 8 8 NONE
- 9 9 REFUSED

Core 2: Health Care Access

C02Q01 - **EVERYBODY**

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C02Q02 - **EVERYBODY**

About how long has it been since you last visited a doctor for a routine checkup?

Interviewer Note: A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.

Read Only if Necessary

1. Within the past year (1 to 12 months ago)
2. Within the past 2 years (1 to 2 years ago)
3. Within the past 5 years (2 to 5 years ago)
4. 5 or more years ago
8. Never
7. DON'T KNOW/NOT SURE
9. REFUSED

C02Q03 - **EVERYBODY**

Was there a time in the past 12 months when you needed medical care, but could not get it?

1. Yes
2. No - **SKIP TO C03Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO C03Q01**
9. REFUSED - **SKIP TO C03Q01**

C02Q04 - **ONLY GET IF C02Q03 = 1**

What is the main reason you did not get medical care?

Interviewer note: If more than one instance ask about the most recent.

Would you say: PLEASE READ

01. Cost [Include no insurance]
02. Distance
03. Office wasn't open when I could get there
04. Too long a wait for an appointment
05. Too long to wait in waiting room
06. No child care
07. No transportation
08. No access for people with disabilities
09. The medical provider didn't speak my language
10. Other

77. DON'T KNOW/NOT SURE
99. REFUSED

Core 3: Exercise

C03Q01 - **EVERYBODY**

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 4: Diabetes

C04Q01 - **EVERYBODY**

Have you ever been told by a doctor that you have diabetes?

If "Yes" and female, ask "Was this only when you were pregnant?"

1. Yes
2. Yes, but female told only during pregnancy
3. No

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 5: Asthma

C05Q01 - **EVERYBODY**

Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

1. YES
2. NO - **SKIP TO C06Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO C06Q01**
9. REFUSED - **SKIP TO C06Q01**

C05Q02 - **ONLY GET IF C05Q01 = 1**

Do you still have asthma?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 6: Arthritis

C06Q01 - EVERYBODY

The next questions refer to your joints. Please do NOT include the back or neck.

DURING THE PAST 30 DAYS, have you had any symptoms of pain, aching, or stiffness in or around a joint?

1. Yes
2. No - **SKIP TO C06Q03**

7. DON'T KNOW/NOT SURE - **SKIP TO C06Q03**
9. REFUSED - **SKIP TO C06Q03**

C06Q02 - ONLY GET IF C06Q01 = 1

Did your joint symptoms FIRST begin more than 3 months ago?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

C06Q03 - EVERYBODY

Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

INTERVIEWER NOTE: Arthritis diagnoses include

- * rheumatism, polymyalgia rheumatica
- * osteoarthritis (not osteoporosis)
- * tendonitis, bursitis, bunion, tennis elbow
- * carpal tunnel syndrome, tarsal tunnel syndrome
- * joint infection, Reiter's syndrome
- * ankylosing spondylitis; spondylosis
- * rotator cuff syndrome
- * connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- * vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

Core 7: Tobacco Use

C07Q01 - **EVERYBODY**

Have you smoked at least 100 cigarettes in your entire life?

5 packs = 100 cigarettes

1. YES
2. NO - **SKIP TO C08Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO C08Q01**
9. REFUSED - **SKIP TO C08Q01**

C07Q02 - **ONLY GET IF C07Q01 =1**

Do you now smoke cigarettes every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all - **SKIP TO C08Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO C08Q01**
9. REFUSED - **SKIP TO C08Q01**

C07Q03 - **ONLY GET IF C07Q02 < 3**

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 8: Tobacco ETS

C08Q01 - **EVERYBODY**

Which statement best describes the rules about smoking inside your home?

PLEASE READ

1. Smoking is not allowed anywhere inside your home
2. Smoking is allowed in some places or at some times
3. Smoking is allowed anywhere inside the home
4. There are no rules about smoking inside the home

7. DON'T KNOW/NOT SURE
9. REFUSED

C08Q02 - **EVERYBODY**

In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

- 1. Yes
- 2. No

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core 9: Alcohol Consumption

C09Q01 - **EVERYBODY**

A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage?

101-107 Days per week 201-230 Days in past 30

__ __ __ Enter Days per week or per month

- 888. No drinks in past 30 days - **SKIP TO C10Q01**
- 777. DON'T KNOW/NOT SURE -
- 999. REFUSED - **SKIP TO C10Q01**

C09Q02 - **ONLY GET IF C09Q01 <> 888 OR C09Q01<> 999**

On the days when you drank, about how many drinks did you drink on the average?

_____ Number of drinks

- 77. DON'T KNOW/NOT SURE
- 88. NONE
- 99. REFUSED

C09Q03 - **ONLY GET IF C09Q01 <> 888 OR C09Q01 <> 999**

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

_____ Number of times

- 77. DON'T KNOW/NOT SURE
- 88. NONE
- 99. REFUSED

Core 10: Demographics

C10Q01 - **EVERYBODY**

What is your age?

_____ Code age in years

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C10Q02 - **EVERYBODY**

Are you Hispanic or Latino?

- 1. YES
- 2. NO

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C10Q03 - **EVERYBODY**

Which one or more of the following would you say is your race? Would you say:
White, Black or African American, Asian, Native Hawaiian or Other Pacific
Islander, American Indian or Alaska Native, or Other?

INTERVIEWER: Mark all that apply

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian, Alaska Native
- 6. Other [specify]

- 7. DON'T KNOW/NOT SURE
- 8. NO ADDITIONAL CHOICES
- 9. REFUSED

C10Q04 - **ONLY GET IF MORE THAN ONE RESPONSE GIVEN FOR C10Q03**

Which one of these groups would you say best represents your race?

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian, Alaska Native
6. Other [specify]

7. DON'T KNOW/NOT SURE
9. REFUSED

C10Q05 - **EVERYBODY**

Are you: married, divorced, widowed, separated, never married, or a member of an unmarried couple?

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
6. A member of an unmarried couple

9. REFUSED

C10Q06 - **EVERYBODY**

How many children less than 18 years of age live in your household?

__ __ Number of children

88. NONE
99. REFUSED

C10Q07 - **EVERYBODY**

What is the highest grade or year of school you completed?

INTERVIEWER: READ ONLY IF NECESSARY

1. Never attended school or only attended kindergarten
2. Grades 1 through 8 (Elementary)
3. Grades 9 through 11 (Some high school)
4. Grade 12 or GED (High school graduate)
5. College 1 year to 3 years (Some college or technical school)
6. College 4 years or more (College graduate)

7. DON'T KNOW/NOT SURE
9. REFUSED

C10Q08 - **EVERYBODY**

Are you currently: employed for wages, self-employed, out of work for more than 1 year, out of work for less than 1 year, a homemaker, a student, retired, or unable to work?

1. Employed for wages
2. Self-employed
3. Out of work for more than 1 year
4. Out of work for less than 1 year
5. A homemaker
6. A student
7. Retired
8. Unable to work

9. Refused

C10Q09 - **EVERYBODY**

Is your annual household income from all sources:
Read as Appropriate

- 04 Less than \$25,000 If "no," ask 05; if "yes," ask 03
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 If "no," code 04; if "yes," ask 02
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 If "no," code 03; if "yes," ask 01
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 If "no," code 02
- 05 Less than \$35,000 If "no," ask 06
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 If "no," ask 07
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 If "no," code 08
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

C10Q10 - **EVERYBODY**

About how much do you weigh without shoes?

Round fractions up

___ ___ ___ Weight pounds

- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

C10Q11 - **EVERYBODY**

About how tall are you without shoes?

Round fractions down

___/ ___ ___ Height ft/inches (Ex. 5 feet 9 inches = 509)

- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

C10Q13 - **EVERYBODY**

Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1. YES
2. NO - **SKIP TO C10Q15**

7. DON'T KNOW/NOT SURE - **SKIP TO C10Q15**
9. REFUSED - **SKIP TO C10Q15**

C10Q14 - **ONLY GET IF C10Q13 = 1**

How many of these are residential numbers?

1. One
2. Two
3. Three
4. Four
5. Five
6. Six or more

7. DON'T KNOW/NOT SURE
8. NONE
9. REFUSED

C10Q15 - **EVERYBODY**

Indicate sex of respondent. Ask only if necessary.

1. Male
2. Female

C10Q16

What is your zip code?

_____ Enter zip code

99999. DON'T KNOW/REFUSED

Core 11: Mammography

ONLY GET THIS SECTION IF C10Q15 = 2

C11Q01

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

1. YES
 2. NO - SKIP TO C11Q04

 7. DON'T KNOW/NOT SURE - SKIP TO C11Q04
 9. REFUSED - SKIP TO C11Q04
-

C11Q02 - ONLY GET IF C11Q01 = 1

How long has it been since you had your last mammogram?

INTERVIEWER: READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
 2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
 3. Within the past 3 years (2 to 3 years ago)
 4. Within the past 5 years (3 to 5 years ago)
 5. 5 or more years ago

 7. DON'T KNOW/NOT SURE
 9. REFUSED
-

C11Q03 - ONLY GET IF C11Q01 = 1

Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

1. Routine checkup
2. Breast problem other than cancer
2. Had breast cancer

7. DON'T KNOW/NOT SURE
9. REFUSED

C11Q04 - **ONLY GET IF C10Q01 < 45 AND C10Q15 = 2**

To your knowledge, are you now pregnant?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 12: Sexual Behavior

C12Q01 - **ONLY GET IF C10Q01 < 65**

During the past 12 months, with how many people have you had sexual intercourse?
Interviewer note; do not read: By sex we mean oral, vaginal, or anal sex but not
masturbation.

_____ Record number [76 = 76 or more]

77. DON'T KNOW/NOT SURE
88. NONE - **SKIP TO C12Q03**
99. REFUSED

C12Q02 - **ONLY GET IF C12Q01 <> 88**

Was a condom used the last time you had sexual intercourse?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

C12Q03 **ONLY GET IF C10Q01 < 65**

The next question is about sexually transmitted diseases other than HIV, such as
syphilis, gonorrhea, chlamydia, or genital herpes.

In the past 12 months has a doctor, nurse or other health professional talked to
you about preventing sexually transmitted diseases through condom use?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 13: Family Planning

ONLY GET THIS SECTION (IF C10Q15 = 2 AND C10Q01 < 45 AND C11Q04 <> 1) OR (IF C10Q15 = 1 AND C10Q01 < 60)

C13Q01 -

The next few questions ask about pregnancy and ways to prevent pregnancy.

Are you or your [if C10Q15 = 2, insert husband/partner; if C10Q15 = 1, insert wife/partner] doing anything now to keep [if C10Q15 = 2, insert you; insert her if C10Q15 = 1] from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, Norplant, shots or Depo-provera, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

(If multiple partners, consider usual method.)

Interviewer note: If response = hysterectomy then code 2=No and skip to C13Q04

1. Yes
2. No - **SKIP TO C13Q04**
3. No partner/not sexually active - **SKIP TO C14Q01**
4. Same sex partner - **SKIP TO C14Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO C14Q01**
9. REFUSED - **SKIP TO C14Q01**

C13Q02 -**ONLY GET IF C13Q01 = 1**

What are you or your [if C12Q15 = 2, insert husband/partner; if C12Q15 = 1, insert wife/partner] doing now to **keep** [if C10Q15 = 2, insert you; insert her if C10Q15 = 1] from getting pregnant?

INTERVIEWER: RECORD RESPONDENT'S CONDITION IF BOTH HAVE HAD STERILIZATION PROCEDURES.

INTERVIEWER: READ ONLY IF NECESSARY

11. Tubes tied (sterilization) - **SKIP TO C14Q01**
12. Vasectomy (sterilization) - **SKIP TO C14Q01**
13. Pill
14. Condoms
15. Foam, jelly, cream
16. Diaphragm
17. Norplant
18. IUD /Miren
19. Shots (Depo-Provera/Lunelle)
20. Withdrawal
21. Not having sex at certain times (rhythm)
22. No partner/Not sexually active - **SKIP TO C14Q01**
23. Other method(s) such as patch or the Nuva Ring

77. DON'T KNOW/NOT SURE - **SKIP TO C14Q01**
99. REFUSED - **SKIP TO C14Q01**

21

C13Q03 - **ONLY GET IF C13Q02 <> 11, 12, 22, 77, or 99**

What other method are you also using to prevent pregnancy?

INTERVIEWER: READ ONLY IF NECESSARY

11. Tubes tied (sterilization) - **SKIP TO C14Q01**
12. Vasectomy (sterilization) - **SKIP TO C14Q01**
13. Pill - **SKIP TO C14Q01**
14. Condoms- **SKIP TO C14Q01**
15. Foam, jelly, cream- **SKIP TO C14Q01**
16. Diaphragm- **SKIP TO C14Q01**
17. Norplant- **SKIP TO C14Q01**
18. IUD / Mirena- **SKIP TO C14Q01**
19. Shots (Depo-Provera/Lunelle) - **SKIP TO C14Q01**
20. Withdrawal- **SKIP TO C14Q01**
21. Not having sex at certain times (rhythm) - **SKIP TO C14Q01**
22. No partner/Not sexually active - **SKIP TO C14Q01**
23. Other method(s) such as patch or the Nuva Ring- **SKIP TO C14Q01**
87. No other method(s) - **SKIP TO C14Q01**
77. DON'T KNOW/NOT SURE - **SKIP TO C14Q01**
99. REFUSED - **SKIP TO C14Q01**

C13Q04 - **ONLY GET IF C13Q01 = 2**

[**IF C10Q15 = 2**] What is your main reason for not doing anything to keep you from getting pregnant?

[**IF C10Q15 = 1**] What is your main reason for not doing anything to keep your partner from getting pregnant?

INTERVIEWER: READ ONLY IF NECESSARY

11. Not sexually active/no partner
12. Didn't think was going to have sex/no regular partner
13. You want a pregnancy
14. You or your partner don't want to use birth control
15. You or your partner don't like birth control/fear side effects
16. You can't pay for birth control
17. Lapse in use of a method
18. Don't think you or your partner can get pregnant
19. You or your partner had tubes tied (sterilization)
20. You or your partner had a vasectomy (sterilization)
21. You or your partner had a hysterectomy
22. You or your partner are too old
23. You or your partner are currently breast-feeding
24. You or your partner just had a baby/postpartum
25. Other reason
26. Don't care if get pregnant
27. Same Sex Partner
28. Partner is pregnant now

77. DON'T KNOW/NOT SURE
99. REFUSED

22

Core 14: Cardiovascular Disease

C14Q01a - **EVERYBODY**

Has a doctor, nurse or other health professional ever told you that you had any of the following?

A heart attack, also called a myocardial infarction

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

C14Q01b - **EVERYBODY**

Angina or coronary heart disease

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

C14Q01c - **EVERYBODY**

A stroke

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

C14Q02 - **ONLY GET IF C14Q01a = 1**

At what age did you have your first heart attack?

___ ___ Code age in years

777. DON'T KNOW/NOT SURE
999. REFUSED

C14Q03 - **ONLY GET IF C14Q01c = 1**

At what age did you have your first stroke?

___ Code age in years

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Core 15: Prostate Cancer Screening

ONLY GET IF C10Q15 = 1 AND C10Q01 > 39 (MALES 40 AND OLDER)

C15Q01 -

A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

- 1. YES
- 2. NO - **SKIP TO C15Q03**

- 7. DON'T KNOW/NOT SURE - **SKIP TO C15Q03**
- 9. REFUSED - **SKIP TO C15Q03**

C15Q02 - **ONLY GET IF C15Q01 = 1**

How long has it been since you had your last PSA test?

INTERVIEWER: READ ONLY IF NECESSARY

- 1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
- 2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
- 3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
- 4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
- 5. 5 or more years ago

- 7. DON'T KNOW
- 9. REFUSED

C15Q03 - **EVERYBODY**

A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

- 1. YES
- 2. NO - **SKIP TO C15Q05**

- 7. DON'T KNOW/NOT SURE - **SKIP TO C15Q05**
- 9. REFUSED - **SKIP TO C15Q05**

C15Q04 - **ONLY GET IF C15Q03 = 1**

How long has it been since your last digital rectal exam?

INTERVIEWER: READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 YEARS BUT LESS THAN 3 YEARS AGO)
4. Within the past 5 years (3 YEARS BUT LESS THAN 5 YEARS AGO)
5. 5 or more years ago

7. DON'T KNOW/NOT SURE
9. REFUSED

C15Q05 - **EVERYBODY**

Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Core 16: Colorectal Cancer Screening

C16Q01 - **ONLY GET IF C10Q01 > 49 (50 YEARS OLD OR OLDER)**

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

1. YES
2. NO - **SKIP TO C16Q03**

7. DON'T KNOW/NOT SURE - **SKIP TO C16Q03**
9. REFUSED - **SKIP TO C16Q03**

C16Q02 - **ONLY GET IF C16Q01 = 1**

How long has it been since you had your last blood stool test using a home kit?

Read only if necessary

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 5 years (2 YEARS BUT LESS THAN 5 YEARS AGO)
4. 5 or more years ago

7. DON'T KNOW/NOT SURE
9. REFUSED

C16Q03 - **EVERYBODY**

Sigmoidoscopy [sig-moyd-OSS-cah-pee] or colonoscopy [coh-lon-OSS-cah-pee] are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams?

1. YES
2. NO - **SKIP TO M01Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO M01Q01**
9. REFUSED - **SKIP TO M01Q01**

C16Q04 - **ONLY GET IF C16Q03 = 1**

How long has it been since you had your last Sigmoidoscopy [sig-moyd-OSS-cah-pee] or colonoscopy [coh-lon-OSS-cah-pee]?

Read only if necessary

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 5 years (2 YEARS BUT LESS THAN 5 YEARS AGO)
4. Within the past 10 years (5 YEARS BUT LESS THAN 10 YEARS AGO)
5. 10 or more years ago

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 1: Adult Asthma History

ONLY GET THIS SECTION IF C05Q01 = 1 AND LOCALITY = 6, 27, 34, 35, 36, 37, OR 38.

M01Q01

Previously you said you were told by a doctor, nurse, or other health professional that you had asthma.

How old were you when you were first told by a doctor, nurse or other Health professional that you had asthma?

____ AGE IN YEARS 11 OR OLDER

- 97. AGE 10 OR YOUNGER
 - 98. DON'T KNOW / NOT SURE
 - 99. REFUSED
-

M01Q02 - ONLY GET IF C05Q02 = 1

During the past 12 months, have you had an episode of asthma or an asthma attack?

- 1. Yes
 - 2. No

 - 7. DON'T KNOW / NOT SURE
 - 9. REFUSED
-

M01Q03 - ONLY GET IF M01Q02 = 1

During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

____ ENTER NUMBER OF VISITS

- 88. NONE
 - 98. DON'T KNOW / NOT SURE
 - 99. REFUSED
-

M01Q04 - ONLY GET IF M01Q02 = 1

During the past 12 months, how many times did you see a doctor, nurse, or other health professional for urgent treatment of worsening asthma symptoms?

____ ENTER NUMBER OF VISITS

- 88. NONE
- 98. DON'T KNOW / NOT SURE
- 99. REFUSED

M01Q05 - **ONLY GET IF M01Q02 = 1**

During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?

_____ ENTER NUMBER OF VISITS

- 88. NONE
- 98. DON'T KNOW / NOT SURE
- 99. REFUSED

M01Q06 - **ONLY GET IF M01Q02 = 1**

During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

_____ ENTER NUMBER OF DAYS

- 888. NONE
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

M01Q07 - **ONLY GET IF M01Q02 = 1**

Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection.

During the past 30 days, how often did you have any symptoms of asthma?

Would you say Not at any time; Less than once a week; Once or twice a week; More than 2 times a week, but not every day; Every day, but not all the time; or Every day, all the time?

- 1. Less than once a week
- 2. Once or twice a week
- 3. More than 2 times a week, but not every day
- 4. Every day, but not all the time
- 5. Every day, all the time

- 7. DON'T KNOW / NOT SURE
- 8. Not at any time - **SKIP TO M01Q09**
- 9. REFUSED

M01Q08 - **ONLY GET IF M01Q07 <> 8**

During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep?

Would you say None, One or two, Three to four, Five, Six to ten, or More than ten?

1. One or two
2. Three to four
3. Five
4. Six to ten
5. More than ten

7. DON'T KNOW / NOT SURE
8. None
9. REFUSED

M01Q09 - **ONLY GET IF M01Q02 = 1**

During the past 30 days how often did you take asthma medication that was prescribed or given to you by doctor? This includes using an inhaler.

Would you say Didn't take any; Less than once a week; Once or twice a week; More than 2 times a week, but not every day; Once every day; or 2 or more times every day?

1. Less than once a week
2. Once or twice a week
3. More than 2 times a week, but not every day
4. Once every day
5. 2 or more times every day

7. DON'T KNOW / NOT SURE
8. Didn't take any
9. REFUSED

Module 2: Childhood Asthma

ONLY GET THIS SECTION IF C10Q06 <> 88 AND LOCALITY = 1, 2, 3, 6, 7, 19, 27, 31, or 32.

M02Q01

Earlier you said there (fill in number of children from C10Q06) living in your household. How many of these children have ever been diagnosed with asthma?

_____ Enter Number of children

88. None
77. DON'T KNOW / NOT SURE
99. REFUSED

M02Q02 - **ONLY GET IF M02Q01 <> 88**

How many of these children still have asthma?

_____ ENTER NUMBER OF CHILDREN

- 88. NONE
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Module 3: Cardiovascular Disease

ONLY GET THIS SECTION IF LOCALITY = 25 or 32.

M03Q01a

To lower your risk of developing heart disease or stroke, are you....

Eating fewer high fat or high cholesterol foods?

- 1. Yes
- 2. No

- 7. DON'T KNOW/NOT SURE
- 8. REFUSED

M03Q01b

Eating more fruits and vegetables?

- 1. Yes
- 2. No

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M03Q01c

More physically active?

- 1. Yes
- 2. No

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M03Q02a

Within the past 12 months, has a doctor, nurse, or other health professional told you to...

Eat fewer high fat or high cholesterol foods?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

M03Q02b

Eat more fruits and vegetables?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

M03Q02c

Be more physically active?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

M03Q03 - **ONLY GET IF C14Q01a = 1 or C14Q01c = 1**

After you left the hospital following your [fill in (heart attack) if **M11Q03a = 1 OR M11Q03a AND M11Q03c = 1**; fill in (stroke) if **M11Q03c = 1 AND M11Q03a = 2**], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

1. Yes
2. No

7. DON'T KNOW / NOT SURE
9. REFUSED

M03Q04 - **ONLY GET IF C10Q01 > 35 OR C10Q01 = 7 OR 9.**

Do you take aspirin daily or every other day?

1. Yes - **SKIP TO M03Q06**
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

M03Q05 - **ONLY GET IF M03Q04 <> 1**

Do you have a health problem or condition that makes taking aspirin unsafe for you?

INTERVIEWER: IF "YES," ASK "IS THIS A STOMACH CONDITION? CODE UPSET STOMACHS AS STOMACH PROBLEMS.

1. Yes, not stomach related - **SKIP TO M04Q01**
2. Yes, stomach problems - **SKIP TO M04Q01**
3. No - **SKIP TO M04Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO M04Q01**
9. REFUSED - **SKIP TO M04Q01**

M03Q06a - **ONLY GET IF M03Q04 = 1**

Why do you take aspirin...

To relieve pain?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

M03Q06b - **ONLY GET IF M03Q04 = 1**

To reduce the chance of a heart attack?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

M03Q06c - **ONLY GET IF M03Q04 = 1**

To reduce the chance of a stroke?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 4: Cholesterol Awareness

ONLY GET IF LOCALITY = 1, 3, 4, 5, 6, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 26, 27, 28, 29, 32, OR 33.

M04Q01

Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

1. Yes
2. No - **SKIP TO M05Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO M05Q01**
9. REFUSED - **SKIP TO M05Q01**

M04Q02 - **ONLY GET IF M04Q01 = 1**

About how long has it been since you last had your blood cholesterol checked?

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago

7. DON'T KNOW / NOT SURE
9. REFUSED

Module 5: Diabetes

ONLY GET IF C04Q01 = 1 AND LOCALITY = 6, 13, 19, 27, 29, 32, 34, 35, 36, 37, or 38.

M05Q01

About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

101-109 = time per day 301-399 = times per month
201-263 = times per week 401-499 = times per year

____ Enter times per day,
 week, month or year

777. DON'T KNOW/NOT SURE
888. NEVER
999. REFUSED

M05Q02

About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

101-109 = time per day 301-399 = times per month
201-263 = times per week 401-499 = times per year

____ Enter times per day,
 week, month or year

555. NO FEET
777. DON'T KNOW/NOT SURE
888. NEVER
999. REFUSED

M05Q03

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

_____ ENTER NUMBER OF TIMES

88. NONE
77. DON'T KNOW / NOT SURE
99. REFUSED

M05Q04

When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read only if necessary

1. Within the past month (ANYTIME LESS THAN 1 MONTH AGO)
2. Within the past year (1 MONTH BUT LESS THAN 1 YEAR AGO)
3. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
4. 2 or more years ago

8. NEVER
7. DON'T KNOW/NOT SURE
9. REFUSED

Module 6: Disability

ONLY GET IF LOCALITY = 3, 4, 5, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 26, 28, 31, 32, 33, 34, 35, 36, 37, 38.

M06Q01

Are you limited in any way in any activities because of physical, mental, or emotional problems?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

M06Q02

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone?

Include occasional use or use in certain circumstances.

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 7: Quality of Life

ONLY GET IF LOCALITY = 19, 34, 35, 36, 37, OR 38.

M07Q01 - ONLY GET IF M06Q01 = 1 OR M06Q02 = 1

What is your major impairment or health problem?

____ Reason code

INTERVIEWER: READ ONLY IF NECESSARY

11. Arthritis/rheumatism
12. Back or neck problem
13. Fractures, bone/joint injury
14. Walking problem
15. Lung/breathing problem
16. Hearing problem
17. Eye/vision problem
18. Heart problem
19. Stroke problem
20. Hypertension/high blood pressure
21. Diabetes
22. Cancer
23. Depression/anxiety/emotional problem
24. Other impairment/problem

7 7 DON'T KNOW/NOT SURE

9 9 REFUSED

M07Q02 - ONLY GET IF M06Q01 = 1 OR M06Q02 = 1

For how long have your activities been limited because of your major impairment or health problem?

- 1 ____ Days
- 2 ____ Weeks
- 3 ____ Months
- 4 ____ Years

7 7 7 DON'T KNOW/NOT SURE

9 9 9 REFUSED

M07Q03 - **ONLY GET IF M06Q01 = 1 OR M06Q02 = 1**

Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

- 1. Yes
- 2. No

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M07Q04 - **ONLY GET IF M06Q01 = 1 OR M06Q02 = 1**

Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- 1. Yes
- 2. No

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M07Q05

During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

_____ Number of days

- 7 7 DON'T KNOW/NOT SURE
- 8 8 NONE
- 9 9 REFUSED

M07Q06

During the past 30 days, for about how many days have you felt sad, blue, or depressed?

_____ Number of days

- 7 7 DON'T KNOW/NOT SURE
- 8 8 NONE
- 9 9 REFUSED

M07Q07

During the past 30 days, for about how many days have you felt worried, tense, or anxious?

_____ _____ Number of days

- 7 7 DON'T KNOW/NOT SURE
- 8 8 NONE
- 9 9 REFUSED

M07Q08

During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

_____ _____ Number of days

- 7 7 DON'T KNOW/NOT SURE
- 8 8 NONE
- 9 9 REFUSED

M07Q09

During the past 30 days, for about how many days have you felt very healthy and full of energy?

_____ _____ Number of days

- 7 7 DON'T KNOW/NOT SURE
- 8 8 NONE
- 9 9 REFUSED

Module 8: Firearms

ONLY GET IF LOCALITY = 2, 3, 29, 30, 34, 35, 36, 37, or 38.

The next three questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries.

Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

M08Q01

Are any firearms now kept in or around your home?

- 1. YES
- 2. NO - **SKIP TO M09Q01**

- 7. DON'T KNOW/NOT SURE - **SKIP TO M09Q01**
- 9. REFUSED - **SKIP TO M09Q01**

38

M08Q02 - ONLY GET IF M08Q01 = 1

Are any of these firearms now loaded?

1. YES
2. NO - SKIP TO M09Q01

7. DON'T KNOW/NOT SURE - SKIP TO M09Q01
9. REFUSED - SKIP TO M09Q01

M08Q03 - ONLY GET IF M08Q02 = 1

Are any of these loaded firearms also unlocked? By unlocked we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 9: Fruits and Vegetables

ONLY GET IF LOCALITY = 1, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, or 33.

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

M09Q01

How often do you drink fruit juices such as orange, grapefruit, or tomato?

1. ___ ___ Per day
2. ___ ___ Per week
3. ___ ___ Per month
4. ___ ___ Per year

- 5 5 5 NEVER
- 7 7 7 DON'T KNOW/NOT SURE
- 9 9 9 REFUSED

M09Q02 - **EVERYBODY**

Not counting juice, how often do you eat fruit?

- 1. ___ ___ Per day
- 2. ___ ___ Per week
- 3. ___ ___ Per month
- 4. ___ ___ Per year

- 5 5 5 NEVER
- 7 7 7 DON'T KNOW/NOT SURE
- 9 9 9 REFUSED

M09Q03 - **EVERYBODY**

How often do you eat green salad?

- 1. ___ ___ Per day
- 2. ___ ___ Per week
- 3. ___ ___ Per month
- 4. ___ ___ Per year

- 5 5 5 NEVER
- 7 7 7 DON'T KNOW/NOT SURE
- 9 9 9 REFUSED

M09Q04 - **EVERYBODY**

How often do you eat potatoes not including french fries, fried potatoes, or potato chips?

- 1. ___ ___ Per day
- 2. ___ ___ Per week
- 3. ___ ___ Per month
- 4. ___ ___ Per year

- 5 5 5 NEVER
- 7 7 7 DON'T KNOW/NOT SURE
- 9 9 9 REFUSED

M09Q05 - **EVERYBODY**

How often do you eat carrots?

- 1. ___ ___ Per day
- 2. ___ ___ Per week
- 3. ___ ___ Per month
- 4. ___ ___ Per year

- 5 5 5 NEVER
- 7 7 7 DON'T KNOW/NOT SURE
- 9 9 9 REFUSED

M09Q06 - **EVERYBODY**

Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

Example: A serving of vegetables at both lunch and dinner would be two servings.

- 1. ___ ___ Per day
- 2. ___ ___ Per week
- 3. ___ ___ Per month
- 4. ___ ___ Per year

- 5 5 5 NEVER
- 7 7 7 DON'T KNOW/NOT SURE
- 9 9 9 REFUSED

Module 10: Health Care Coverage

ONLY GET IF C02Q01 = 2 AND LOCALITY = 1, 3, 6, 7, 19, 27, 29, 30, 31, 32, 34, 35, 36, 37, or 38.

M10Q01

Previously you said that you did not have any kind of health care coverage.

What is the main reason you are without health care coverage?

___ ___ Reason code

INTERVIEWER: READ ONLY IF NECESSARY

- 01. Lost job or changed employers
- 02. Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]
- 03. Became divorced or separated
- 04. Spouse or parent died
- 05. Became ineligible because of age or because left school
- 06. Employer doesn't offer or stopped offering coverage
- 07. Cut back to part time or became temporary employee
- 08. Benefits from employer or former employer ran out
- 09. Couldn't afford to pay the premiums
- 10. Insurance company refused coverage
- 11. Lost Medicaid or Medical Assistance eligibility

- 8 7 Other
- 7 7 DON'T KNOW/NOT SURE
- 9 9 REFUSED

M10Q02

About how long has it been since you had health care coverage?

INTERVIEWER: READ ONLY IF NECESSARY

1. Within the past 6 months (anytime less than 6 months ago)
2. Within the past year (6 months but less than 12 months ago)
3. Within the past 2 years (1 year but less than 2 years ago)
4. Within the past 5 years (2 years but less than 5 years ago)
5. 5 or more years ago

7. DON'T KNOW/NOT SURE
8. NONE
9. REFUSED

Module 11: HIV/AIDS

ONLY GET SECTION IF C10Q01 < 65 and LOCALITY = 2 or 7.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

M11Q01

A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.

1. TRUE
2. FALSE

7. DON'T KNOW/NOT SURE
9. REFUSED

M11Q02

There are medical treatments available that are intended to help a person who is infected with HIV to live longer.

1. TRUE
2. FALSE

7. DON'T KNOW/NOT SURE
9. REFUSED

M11Q03

How important do you think it is for people to know their HIV status by getting tested?

Would you say very important, somewhat important, or not at all important?

1. Very important
2. Somewhat important
3. Not at all important

7. DON'T KNOW/NOT SURE
9. REFUSED

M11Q04

As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

Include saliva tests

1. YES
2. NO - **SKIP TO M11Q08**

7. DON'T KNOW/NOT SURE - **SKIP TO M11Q08**
9. REFUSED - **SKIP TO M11Q08**

M11Q05 - ONLY GET IF M11Q04 = 1

Not including blood donations, in what month and year was your last HIV test?

INTERVIEWER: If month is unknown enter '77' for the month and then the given year
- Ex. 7700

INTERVIEWER: If HIV test occurred before January 1985 please enter "7777".

PRESS "1" to enter the appropriate value.

Include saliva tests

__ __/__ __ Code month and year

777777. DON'T KNOW/NOT SURE

999999. REFUSED

M11Q06 - ONLY GET IF M11Q04 = 1

I am going to read you a list of reasons why some people have been tested for HIV.
Not including blood donations, which of these would you say was the MAIN reason
for your last HIV test?

INTERVIEWER: PLEASE READ

___ Reason code

- 01. It was required
- 02. Someone suggested you should be tested
- 03. You thought you may have gotten HIV through sex or drug use
- 04. You just wanted to find out whether you had HIV
- 05. You were worried that you could give HIV to someone
- 06. IF FEMALE: You were pregnant
- 07. It was done as part of a routine medical check-up
- 08. You were tested for some other reason

77. DON'T KNOW/NOT SURE

99. REFUSED

M11Q07 - ONLY GET IF M11Q04 = 1

Where did you have the HIV test in [fill in date from M11Q05]?

INTERVIEWER: PLEASE READ

___ Facility code

1. Private doctor or HMO
2. Counseling and testing site
3. Hospital
4. Clinic
5. In a jail or prison (or other correctional facility)
6. Home
7. Somewhere else

77. DON'T KNOW/NOT SURE
99. REFUSED

M11Q08

I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.

- You have used intravenous drugs in a the past year
- You have been treated for a sexually transmitted or venereal disease in the past year
- You have given or received money or drugs in exchange for sex in the past year
- You had anal sex without a condom in the past year

Do any of these situations apply to you?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 12: Hypertension Awareness

ONLY GET IF LOCALITY = 1, 2, 4, 5, 6, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 26, 27, 28, 30, 32, or 33.

M12Q01

Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?

If "Yes" and female, ask "Was this only when you were pregnant?"

1. Yes
2. Yes, but female told only during pregnancy - **SKIP TO M13Q01**
3. No - **SKIP TO M13Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO M13Q01**
9. REFUSED - **SKIP TO M13Q01**

M12Q02 - ONLY GET IF M12Q01 = 1

Are you currently taking medicine for your high blood pressure?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 13: Injury Control - Falls

ONLY GET IF C10Q01 > 44 and LOCALITY = 1, 3, 4, 5, 6, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 26, 28, 30, 33, 34, 35, 36, 37, or 38.

M13Q01

The next question asks about a recent fall. I am going to read the question and a short list of possible answers. After I'm done reading the list, please tell me which answer best applies to you. In the past 3 months, have you had a fall?

Would you say: No, I haven't fallen. Yes, I fell and was injured. By injured, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. Or, Yes, I fell and was NOT injured.

1. No, I haven't fallen
2. Yes, I fell and was injured
3. Yes, I fell and was NOT injured

7. DON'T KNOW / NOT SURE
9. REFUSED

Module 14: Immunization

ONLY GET IF LOCALITY = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 32 or 33.

M14Q01

During the past 12 months, have you had a flu shot?

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

M14Q02

Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal [new-mo-COCK-uhl] vaccine.

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 15: Oral Health

ONLY GET IF LOCALITY = 4, 5, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 26, 27, 28, 29, 30 or 33.

M15Q01

How long has it been since you last visited a dentist or a dental clinic for any reason?

Include visits to dental specialists, such as orthodontists.

INTERVIEWER: READ ONLY IF NECESSARY

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago

7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

M15Q02

How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.

Include teeth lost due to "infection"

1. 1 to 5
2. 6 or more but not all
3. All - **SKIP TO M16Q01**

7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

M15Q03 - **ONLY GET IF M15Q01 <> 8 AND M15Q02 <> 3**

How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

INTERVIEWER: Read only if necessary

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago

7. DON'T KNOW/NOT SURE
8. NEVER
9. REFUSED

Module 16: Physical Activity

ONLY GET IF LOCALITY = 7, 13, 25 or 31.

M16Q01 - **ONLY GET IF C10Q08 < 3**

When you are at work, which of the following best describes what you do?

INTERVIEWER: IF RESPONDENT HAS MULTIPLE JOBS, INCLUDE ALL JOBS

Would you say . . .

1. Mostly sitting or standing
2. Mostly walking
3. Mostly heavy labor or physically demanding work

7. DON'T KNOW/NOT SURE
9. REFUSED

M16Q02

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

Now, thinking about the moderate physical activities you do [**fill in (when you are not working) if C12Q08 < 3**] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?

1. Yes
2. No - **SKIP TO M16Q05**

7. DON'T KNOW/NOT SURE - **SKIP TO M16Q05**
9. REFUSED - **SKIP TO M16Q05**

M16Q03 - **ONLY GET IF M16Q02 = 1**

How many days per week do you do these moderate activities for at least 10 minutes at a time?

____ Days per week

- 7 7 DON'T KNOW/NOT SURE
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time - **SKIP TO M16Q05**
- 9 9 REFUSED

M16Q04 - **ONLY GET IF M16Q03 <> 88**

On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

____: ____ Hours and minutes per day

- 7 7 7 DON'T KNOW/NOT SURE
- 9 9 9 REFUSED

M16Q05 - **EVERYBODY**

Now thinking about the vigorous physical activities you do [**fill in (when you are not working) if C12Q08 < 3**] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

1. Yes
2. No - **SKIP TO M17Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO M17Q01**
9. REFUSED - **SKIP TO M17Q01**

M16Q06 - **ONLY GET IF M16Q05 = 1**

How many days per week do you do these vigorous activities for at least 10 minutes at a time?

____ Days per week

- 7 7 DON'T KNOW/NOT SURE
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time - **SKIP TO M17Q01**
- 9 9 REFUSED

M16Q07 - **ONLY GET IF M16Q06 <> 88**

On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

____: ____ Hours and minutes per day

- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

Module 17: Skin Cancer

ONLY GET IF LOCALITY = 19 or 27.

M17Q01

The next question is about sunburns, including any time that even a small part of your skin was red for more than 12 hours. Have you had a sunburn within the past 12 months?

1. Yes
2. No - **SKIP TO M18Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO M18Q01**
9. REFUSED - **SKIP TO M18Q01**

M17Q02 - **ONLY GET IF M17Q01 = 1**

Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

1. One
2. Two
3. Three
4. Four
5. Five
6. Six or more

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 18: Social Context

ONLY GET IF LOCALITY = 1, 2, 19 or 29.

M18Q01

These questions are about your daily life.

How safe from crime do you consider your neighborhood to be?

Would you say . . .

1. Extremely safe
2. Quite safe
3. Slightly safe
4. Not at all safe

7. DON'T KNOW/NOT SURE
9. REFUSED

M18Q02

Do you own or rent your home?

1. Own
2. Rent

7. DON'T KNOW/NOT SURE
9. REFUSED

M18Q03

How long have you lived at your current address?

INTERVIEWER: READ ONLY IF NECESSARY

1. Less than six months (1 to 6 months)
2. Less than one year (6 to 12 months)
3. Less than two years (1 to 2 years)
4. 2 or more years

7. DON'T KNOW/NOT SURE
9. REFUSED

M18Q04

How many close friends or relatives would help you with your emotional problems or feelings if you needed it?

1. Three or more
2. Two
3. One
4. None

7. DON'T KNOW/NOT SURE
9. REFUSED

M18Q05

In the past 30 days, have you been concerned about having enough food for you or your family?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 19: Tobacco Consumption

ONLY GET IF LOCALITY = 2, 3, 6, 7, 19, 27, 30, 31, 32, 34, 35, 36, 37 or 38.

M19Q01 - **ONLY GET IF C07Q02 = 1**

On the average, about how many cigarettes a day do you now smoke?

_____ ENTER NUMBER OF CIGARETTES - **SKIP TO M20Q01**

- 76. 76 OR MORE - **SKIP TO M20Q01**
- 77. DON'T KNOW / NOT SURE - **SKIP TO M20Q01**
- 99. REFUSED - **SKIP TO M20Q01**

M19Q02 - **ONLY GET IF C07Q02 = 2**

During the past 30 days, on how many days did you smoke cigarettes?

_____ ENTER NUMBER OF DAYS

- 77. DON'T KNOW / NOT SURE - **SKIP TO M20Q01**
- 88. NONE - **SKIP TO M20Q01**
- 99. REFUSED - **SKIP TO M20Q01**

M19Q03 - **ONLY GET IF M19Q02 < 77**

On the average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

_____ ENTER NUMBER OF CIGARETTES

- 76. 76 OR MORE
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Module 20: Tobacco - Media

ONLY GET IF LOCALITY = 6, 30, 34, 35, 36, 37, or 38.

M20Q01a

In the past 7 days, have you heard, read, or seen any information about the effects of tobacco from:

Television?

- 1. Yes
- 2. No

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M20Q01b

Radio?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

M20Q01c

Billboard?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

M20Q01d

In or on a bus?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

M20Q01e

Newspaper or magazine?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

M20Q01f

From a website or on the internet?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

M20Q01g

Movie theaters?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

M20Q02

Have you ever seen or heard an anti-tobacco advertisement that refers to the New York State Tobacco Quitline within the past 30 days?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 21: Tobacco – other products

ONLY GET IF LOCALITY = 34, 35, 36, 37 or 38.

M21Q01

Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

1. Yes
2. No - **SKIP TO M21Q03**

7. DON'T KNOW/NOT SURE - **SKIP TO M21Q03**
9. REFUSED - **SKIP TO M21Q03**

M21Q01 - **ONLY GET IF M21Q01 = 1**

Do you currently use chewing tobacco or snuff every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all

7. DON'T KNOW/NOT SURE
9. REFUSED

M21Q03

Have you ever smoked a cigar, even one or two puffs?

1. Yes
2. No - **SKIP TO M21Q05**

7. DON'T KNOW/NOT SURE - **SKIP TO M21Q05**
9. REFUSED - **SKIP TO M21Q05**

M21Q04 - **M21Q03 = 1**

Do you now smoke cigars every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all

7. DON'T KNOW/NOT SURE
9. REFUSED

M21Q05

Have you ever smoked tobacco in a pipe, even one or two puffs?

1. Yes
2. No - **SKIP TO M21Q07**

7. DON'T KNOW/NOT SURE - **SKIP TO M21Q07**
9. REFUSED - **SKIP TO M21Q07**

M21Q06 - **ONLY GET IF M21Q05 = 1**

Do you now smoke a pipe every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all

7. DON'T KNOW/NOT SURE
9. REFUSED

M21Q07

A bidi (BEE DEE) is a flavored cigarette from India. Have you ever smoked a bidi, even one or two puffs?

1. Yes
2. No - **SKIP TO M22Q01**

7. DON'T KNOW / NOT SURE - **SKIP TO M22Q01**
9. REFUSED - **SKIP TO M22Q01**

M21Q08 - **ONLY GET IF M21Q07 = 1**

Do you now smoke bidis every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all

7. DON'T KNOW / NOT SURE
9. REFUSED

Module 22: Tobacco – Work site ETS

ONLY GET IF LOCALITY = 2, 3, 7, 31, 34, 35, 36, 37 or 38.

M22Q01 - **ONLY GET IF C10Q08 < 3 (EMPLOYED OR SELF-EMPLOYED)**

While working at your job, are you indoors most of the time?

1. YES
2. NO - **SKIP TO M23Q01**

7. DON'T KNOW/NOT SURE - **SKIP TO M23Q01**
9. REFUSED - **SKIP TO M23Q01**

M22Q02 - **ONLY GET IF M22Q01 = 1**

Which of the following best describes your place of work's official smoking policy for work areas?

Would you say not allowed in any work areas, allowed in some work areas, allowed in all work areas, or no official policy?

1. Not allowed in any work areas
2. Allowed in some work areas
3. Allowed in all work areas
4. No official policy

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 23: Seat Belts

ONLY GET IF LOCALITY = 2, 6, 13, 19, 27, 30, 34, 35, 36, 37 or 38.

M23Q01

How often do you use seatbelts when you drive or ride in a car?

1. Always
2. Nearly always
3. Sometimes
4. Seldom
5. Never

7. DON'T KNOW/NOT SURE
8. NEVER DRIVE OR RIDE IN A CAR
9. REFUSED

Module 24: Weight Control

ONLY GET IF LOCALITY = 1, 2, 3, 4, 5, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 26, 27, 28, 29, 32, 33, 34, 35, 36, 37 or 38.

M24Q01

Are you now trying to lose weight?

1. Yes - **SKIP TO M24Q03**
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

M24Q02 - **ONLY GET IF M24Q01 <> 1**

Are you now trying to maintain your current weight, that is to keep from gaining weight?

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

M24Q03 - **ONLY GET IF M24Q01 = 1 OR M24Q02 = 1**

Are you eating either fewer calories or less fat to . . .

lose weight? [if **M24Q01 = 1**]

keep from gaining weight? [if **M24Q02 = 1**]

INTERVIEWER: PROBE FOR WHICH

1. Yes, fewer calories
2. Yes, less fat
3. Yes, fewer calories and less fat
4. No

7. DON'T KNOW/NOT SURE
9. REFUSED

M24Q04 - **ONLY GET IF M24Q01 = 1 OR M24Q02 = 1**

Are you using physical activity or exercise to . . .

lose weight? [if **M24Q01 = 1**]

keep from gaining weight? [if **M24Q02 = 1**]

1. Yes
2. No

7. DON'T KNOW/NOT SURE
9. REFUSED

Module 25: Cervical Cancer

ONLY GET IF C10Q15 = 2 AND LOCALITY = 1, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 26, 28, 31, 32 or 33.

M25Q01

A pap smear is a test for cancer of the cervix. Have you ever had a pap smear?

1. YES
2. NO - **SKIP TO M24Q03**

7. DON'T KNOW/NOT SURE - **SKIP TO M24Q03**
9. REFUSED - **SKIP TO M24Q03**

M25Q02 - ONLY GET IF M25Q01 = 1

How long has it been since you had your last pap smear?

INTERVIEWER: READ ONLY IF NECESSARY

1. Within the past year (ANYTIME LESS THAN 12 MONTHS AGO)
2. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)
3. Within the past 3 years (2 to 3 years ago)
4. Within the past 5 years (3 to 5 years ago)
5. 5 or more years ago

7. DON'T KNOW/NOT SURE
9. REFUSED

M25Q03 - ONLY GET IF C10Q15 = 2 AND C11Q04 <> 1 AND C13Q04 <> 21

Have you had a hysterectomy?

INTERVIEWER: A hysterectomy is an operation to remove the uterus (womb)

1. YES
2. NO

7. DON'T KNOW/NOT SURE
9. REFUSED

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in New York. Thank you very much for your time and cooperation.